

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09811684

FILING DATE

03-20-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1									
2		1							
3		1							
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48									
49									
50									
TOTAL IND.	4								
TOTAL DEP.	25								
TOTAL CLAIMS	29								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS